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ABSTRACT

This monograph contains the results of the University of Michigan Rehabilitation Research Institute (UM-RRI) project activities with the Virginia Department of Rehabilitative Services model program evaluation unit to examine issues related to similar benefits in rehabilitation. A framework and discussion paper for future aspects of this project are provided with guidelines for the remainder of the project. A review of legislative mandates relevant to the development of similar benefits discusses the provisions of the Rehabilitation Acts and their implications for the development of similar benefits within the state-federal rehabilitation program. After the literature review of previous studies, the results of a survey developed by UM-RRI to obtain information from rehabilitation agency personnel on similar benefits are followed by a discussion of issues and problems related to the identification, use, and evaluation of a similar benefits program in rehabilitation agencies. A conceptual model for a similar benefits program within the state rehabilitation program offers a framework through which a similar benefits program may be conducted in the rehabilitation agency. (Author/NRB)

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MICHIGAN STUDIES IN REHABILITATION

SIMILAR BENEFITS IN REHABILITATION: STATE OF THE ART AND CONCEPTUAL FRAMEWORK

August 29, 1980

Prepared for:

Virginia Department of Rehabilitative Services

Model Program Evaluation Unit

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PREFACE

The University of Michigan Rehabilitation Research Institute (UM-RRI) was established in 1976, with funding from the National Institute of Handicapped Research, in response to the mandate of the Rehabilitation Act of 1973 that programs and projects be evaluated in the state-federal program. The UM-RRI's efforts are directed toward research and related activities to assist states in evaluating management practices and service delivery systems.

The UM-RRI has been working on several long and short-range objectives in rehabilitation program evaluation to:

1. Develop alternative conceptual models that may be used as a framework for comprehensive program evaluation in the state-federal rehabilitation program

2. Conduct research on existing program evaluation instruments to determine their feasibility for current use and to determine their need for additional development and validation

3. Identify, design, develop, test, validate, demonstrate and disseminate program evaluation instruments, techniques, and methodologies that are consistent with conceptual models for comprehensive program evaluation in rehabilitation

4. Develop criteria for designing, developing, testing, and validating new and existing program evaluation instruments, techniques, and methodologies that consider measurement of impact, effectiveness, effort, efficiency and output

In accordance to these objectives, the UM-RRI has prepared a state-of-the-art document and conceptual framework for similar benefits in rehabilitation to provide an understanding of the relationship between the similar benefits program and the rehabilitation program.

Ann Arbor
August, 1980

Ralph M. Crystal

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The similar benefits in rehabilitation: State-of-the-art and conceptual framework monograph was developed by the UM-RRI for the Virginia Department of Rehabilitative Services as part of a project examining similar benefits in rehabilitation. The assistance of several persons associated with the Virginia Model Program Evaluation Unit, the Virginia State rehabilitation program, members of the UM-RRI Advisory Committee, and The University of Michigan is acknowledged. Appreciation is expressed to Mr. Charles Weston, Mr. William Brownfield, and Mr. Dale Hanks for their assistance with this project.

Special thanks are extended to the participants in the Similar Benefits Survey from the Virginia rehabilitation program and to the members of the UM-RRI Advisory committee who provided input and clarified the issues in similar benefits.

Special thanks is extended to the secretarial staff of the UM-RRI who assisted in the preparation of this monograph, Mrs. Betty DeWolf, Mrs. Kathy McFarland, and Mrs. Arlene Ridenour. The support and general assistance to the UM-RRI by Mr. Nathan Ed Acree and Dr. L. Deno Reed

CHAPTER I

INTRODUCTION

The University of Michigan Rehabilitation Research Institute (UM-RRI) is undertaking a project with the Virginia Department of Rehabilitative Services (DRS) model program evaluation unit on the issue of similar benefits in the state-federal rehabilitation program. The goals of the project are to (a) identify issues related to similar benefits, (b) develop a training manual to assist state rehabilitation agency personnel in the use of similar benefits, and (c) determine evaluation procedures to document the impact the use of similar benefits has on the state rehabilitation agency.

Purpose of This Monograph

This monograph contains a review of the literature on similar benefits, rehabilitation legislation related to similar benefits, and the results of a survey conducted by the UM-RRI on issues, problems, and needs related to similar benefits in rehabilitation. Thus, it is anticipated this monograph will serve as a state-of-the-art document on similar benefits in rehabilitation.

The monograph also includes a conceptual framework, developed by the UM-RRI for a similar benefits program

within state rehabilitation agencies. The conceptual model was developed by taking into consideration the issues identified in the literature review and responses from rehabilitation agency personnel regarding the issues of utilizing and documenting the impact similar benefits has on the rehabilitation program. The conceptual model presents a framework through which the objectives of this project can be organized and understood.

Although the products developed by this project are for the Virginia DRS, it is expected that with minor modifications they will be transferable to other state rehabilitation agencies.

Objectives and Scope of the Project

A major goal of a similar benefits program is to enable the state rehabilitation agency to maintain the quantity and quality of client services, in spite of financial fluctuations and uncertainties, by obtaining services from sources other than the state rehabilitation agency to meet, in whole or in part, the cost of client services. In addition, it is hoped that through the utilization of similar benefits, additional clients will be served. Therefore, it is necessary to document the results of the utilization of similar benefits in order to determine that a high quality of services is maintained and that additional clients are being served. The overall goal of this project is to develop a conceptual model for utilization of similar benefits within

a state rehabilitation agency. The specific objectives of this project are:

1. To insure that resources other than the state rehabilitation agency are utilized to meet the service needs of clients.

2. To identify similar benefit resources and develop a similar benefits directory.

3. To examine the nature of inter-agency linkages.

4. To develop a system for monitoring and tracking clients who are eligible and/or receiving similar benefits.

5. To develop a training program for counselors and agency administrators in the use of similar benefits.

6. To implement a similar benefits system in the state rehabilitation agency.

7. To document through the program evaluation process the effectiveness and impact of the similar benefits program on clients, counselors, administrators, the community, and the rehabilitation agency.

Definition of Similar Benefits

The Rehabilitation Act of 1973, as amended, defines similar benefits as "the utilization of services and facilities other than those provided by the rehabilitation agency to meet the service needs of clients." Rehabilitation services (similar benefits) that might be obtained from other programs include: (a) evaluation of rehabilitation potential; (b) counseling, guidance, referral, and placement services; (c) vocational and other training services, including personal and vocational adjustment; (c) physical and mental restoration services; (c) maintenance; interpreter services

for the deaf and reader services; (f) recruitment and training services for handicapped individuals to provide new employment opportunities in the fields of rehabilitation, health, welfare, public safety, law enforcement and other appropriate service employment; (g) rehabilitation training services and orientation and mobility services for the blind; (h) occupational licenses, tools, equipment, and initial stocks and supplies; (i) transportation connected with receiving rehabilitation services; and (j) telecommunications, sensory, and other technological aids and devices. Physical and mental restoration and maintenance services are exempt from mandatory consideration of eligibility for similar benefits if the use of such similar benefits would cause a delay in the provision of such service to the client. (Rehabilitation Act of 1973)

According to a study conducted by the Urban Institute (Note 1), rehabilitation agencies employ a wide variety of definitions for similar benefits. Some states define similar benefits as including the client's own financial resources and the financial resources of his/her family depending upon the economic need tests established by the state agency (Federal Register, December 5, 1974). Although there is no Federal requirement to consider handicapped individuals' financial need, state agencies may choose to administer economic need tests for the purpose of determining the amount of client participation in the costs of

vocational rehabilitation. It would appear that state rehabilitation agencies develop definitions of similar benefits to fit the political, economic, and social climate in which they function, and to best meet the needs of their program and the clients they serve.

The Urban Institute reported the federal definition of similar benefits, based on the 1973 Rehabilitation Act defined by RSA Program Regulation Guide on October 15, 1975 as:

> "Any appropriate service or financial assistance available to a handicapped individual from a program other than vocational rehabilitation to meet, in whole or in part, the cost of Vocational Rehabilitation services to be provided under an individualized written rehabilitation program for such a handicapped individual". (p. 2).

This definition allows state rehabilitation agencies flexibility to develop and conduct a similar benefit program most appropriate to the service needs of their clients. It allows for the use of available similar benefits for services needed by handicapped individuals. This definition also allows the state rehabilitation program to decide whether to include a client and his/her family's financial resources as a similar benefits resource.

Organization of this Monograph

This monograph contains the results of the initial activities conducted by the UM-RRI as a part of a project

with the Virginia DRS model program evaluation unit to examine issues related to similar benefits in rehabilitation. The monograph is organized as follows:

Chapter I

This introductory chapter includes the objectives and scope of the similar benefit project being conducted by the UM-RRI in conjunction with the Virginia DRS, a definition of similar benefits, and a description of the organization of this monograph.

Chapter II

This chapter presents the legislative history of similar benefits, a literature review pertaining to the issue of similar benefits in rehabilitation, particularly focusing on the similar benefits study conducted by the Urban Institute, and an Institute on Rehabilitation Issues report on similar benefits published by The University of Wisconsin - Stout.

Chapter III

This chapter presents the results of the questionnaire developed by the UM-RRI to obtain information from rehabilitation agency personnel on similar benefits. The results of this survey will be followed by a discussion of issues and problems related to the identification, use, and evaluation of a similar benefits program in the rehabilitation agency.

Chapter IV

This section includes a conceptual framework for a

similar benefits program within the state rehabilitation program. The conceptual model presents a framework through which the objectives of this project can be organized and understood, and through which a similar benefits program can be conducted in the rehabilitation agency.

Summary

This chapter presented an overview of similar benefits and an introduction to the project on similar benefits the UM-RRI is conducting in conjunction with the Virginia Department of Rehabilitative Services. This monograph includes a literature review on similar benefits, legislative mandates, and the results of a survey conducted by the UM-RRI on issues related to similar benefits in rehabilitation. The monograph also includes a conceptual framework for a similar benefits program within the state rehabilitation agency.

CHAPTER II

A REVIEW OF LEGISLATION AND LITERATURE ON SIMILAR BENEFITS IN REHABILITATION

This section of the monograph presents the legislative history of similar benefits, and reviews literature relevant to the issue of similar benefits in rehabilitation. The legislative history of similar benefits, for the most part, parallels the development of the state-federal rehabilitation program. The literature review focuses on the similar benefits study conducted by The Urban Institute and an Institute on Rehabilitation Issues report on similar benefits published by the University of Wisconsin - Stout.

Legislation Related to Similar Benefits in Rehabilitation

The legislation review discusses mandates relevant to the development of similar benefits in rehabilitation. The legislation will be discussed in chronological order with a brief overview of the provisions of the Acts followed by a discussion of the impact the various Acts had on the development of similar benefits within the state-federal rehabilitation program.

Smith-Fess Act

Similar benefits has been an issue in rehabilitation since Congress passed the Smith-Fess Act in 1920 (Civilian

Rehabilitation Act of 1920 P.L. 66-236), creating what has become the state-federal rehabilitation program (McGowan & Porter, 1967). This Act encouraged states conducting rehabilitation programs to develop strong ties and agreements with programs that might provide clients with physical or mental restoration services. The Act also encouraged the utilization of social agencies, charitable organizations, churches, and employer-employee associations to obtain living expenses and other maintenance services (Urban Institute, p. 5).

Although state agencies were encouraged in the Smith-Fess Act to obtain services from other sources or agencies, it cannot be concluded that the state agencies were obtaining similar benefits as we know them. Physical and mental restoration and maintenance services were not mandated in the Smith-Fess Act as services the rehabilitation agency was to provide. The State agencies were not utilizing other resources to provide rehabilitation services that would otherwise be paid for by rehabilitation funds. State agencies were utilizing agencies that provided services required by their rehabilitation clients, but at the time these services were not considered rehabilitation services.

The Smith-Fess Act did mandate state vocational rehabilitation programs to work cooperatively with state workmen's compensation programs. At the time most state workmen's compensation programs provided some medical treatment and prostheses. This mandate required the state

vocational rehabilitation agency to develop what is now referred to as a cooperative agreement with the state workmen's compensation program.

Wagner-Peyser Act

A law mandating cooperative agreements between state agencies was the 1933 Wagner-Peyser Act. The purpose of this Act was to establish state employment offices. The Act required states utilizing federal funds and assistance to establish employment services to submit in their plans or operations provisions to work cooperatively with the state rehabilitation agency. This cooperative agreement between the state rehabilitation agency and the state employment service was reinforced in the Vocational Rehabilitation Act Amendments of 1954, P.L. 83-565. The 1954 Act strengthened this by stating the state vocational rehabilitation program should develop a cooperative agreement to utilize the services, particularly job placement and employment counseling, provided by the state employment service.

Social Security Act

Since the passage of the Social Security Act in 1935, this program has continued to increase the number of programs provided. Many of these programs provide useful services for rehabilitation clients. Some of these Social Security programs include: Old Age Assistance, Aid to the Blind, Aid to Dependent Children, Unemployment Compensation, and Crippled Children's Services. Since these

services are not rehabilitation services they should not be considered as similar benefits in the traditional sense, but as resources available to enhance the client's rehabilitation program. State rehabilitation agencies do not utilize these services in place of their own services but rather to supplement the services available for the client's rehabilitation program (Urban Institute).

The Social Security Act required programs providing services for handicapped individuals to submit plans that provided "for cooperation of the state agency administering the program of services for crippled children with medical, health, nursing, and welfare groups and organizations and with any agency in such State charged with administering State Laws providing for vocational rehabilitation of physically handicapped" (Urban Institute).

Vocational Rehabilitation Act Amendments of 1943

Although state rehabilitation agencies were not formally utilizing similar benefits, the concept of utilizing other resources developed along with the growth of the state-federal vocational rehabilitation program. The term "similar benefits" was first mentioned in the 1943 Vocational Rehabilitation Act Amendments (P.L. 78-113). This Act mandated the use of similar benefits by the rehabilitation program. The Act provided for the federal government to reimburse states one half of the cost for certain services if consideration was given to determine the client's

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eligibility for services from other programs such as pensions, compensation, and/or insurance. The specific services that state agencies were to attempt to obtain from other agencies included: physical restoration, hospitalization, protheses, transportation, occupational licenses, customary occupational tools, and maintenance during training, plus the cost of books and training materials. This Act for the first time extended rehabilitation services to the mentally handicapped and mentally ill. State agencies were not expected to obtain mental restoration services from other agencies (McGowan & Porter, 1967).

The 1943 legislation was the first formal mandate instructing state agencies to utilize, when possible, other agencies for rehabilitation services. Yet how was this mandate carried out? The Act required counselors to determine the client's eligibility for other programs, if the client was financially unable to pay for the necessary services, in order for the rehabilitation program to receive federal funds for one-half of the total cost of the service with the state agency funding the other half. How was this information documented? Did counselors have to have every client apply for services from other agencies even though some clients might obviously not meet the eligibility requirements for these services, or were only clients with the greatest likelihood of being eligible required to apply? How long of a delay was imposed upon serving a client while

the counselor waited for determination of eligibility? These questions might have affected the utilization of similar benefit and rehabilitation services. They are still major issues impacting on the utilization of similar benefits.

During the 1960's and 1970's social programs were developed that offered potentially useful services to rehabilitation clients. These enabled state rehabilitation agencies to develop cooperative agreements with agencies offering services of health, income maintenance, social services, manpower training, and educational programs. Some of the specific programs available as similar benefits resources include Social Security Disability Insurance (trust fund); Supplemental Security Income for the Aged, Blind, and Disabled, particularly the provisions for rehabilitation as specified in the Social Security Act; Medicare, particularly kidney dialysis and kidney transplant services and medical services for individuals receiving disability insurance; Medicaid; Title XX Social Services under the Social Security Act; the Basic Educational Opportunity Grant Program (BEOG); the Comprehensive Employment and Training Act (CETA); the Developmental Disabilities Programs; and the Education for Handicapped Children Act. These programs will be described in detail in the Similar Benefits Directory currently being compiled by the UM-RRI. Other programs that have an impact on similar benefit utilization by the vocational rehabilitation agency are: state

scholarship programs; local mental health clinics and services; private and government group health insurance programs; labor union health and rehabilitation programs; and Veterans Administration health, educational, and benefit programs.

Rehabilitation Act of 1973

The Rehabilitation Act of 1973 (P.L. 93-112), as amended, mandated state vocational rehabilitation agencies to utilize services from existing programs as similar benefits in the rehabilitation program. Similar benefit resources are to be considered for the majority of rehabilitation services. Services that might be obtained from other programs include:

1. Diagnostic and evaluation;
2. Counseling, guidance, referral and placement services;
3. Vocational and training services and training services in institutions of higher education;
4. Physical and mental restoration services;
5. Maintenance;
6. Interpreter services for the deaf and reader services;
7. Recruitment and training services for handicapped individuals to provide new employment opportunities in the fields of rehabilitation, health, welfare, public safety, law enforcement and other appropriate service employment;
8. Rehabilitation training services and orientation and mobility services for the blind;
9. Occupational licenses, tools, equipment and initial stocks and supplies;

10. transportation connected with receiving rehabilitation services;

11. telecommunications, sensory and other technological aids and devices.

Except for two rehabilitation services the rehabilitation counselor has to determine potential client eligibility for similar benefit resources before the state rehabilitation agency is able to provide or purchase the service. The exceptions are physical and mental restoration, and maintenance services. In these instances, the state rehabilitation agency does not have to give consideration to any similar benefit program potentially available to clients if such consideration would significantly delay the provision of services to a rehabilitation client (Federal Register, December 5, 1974, sec. 401.45 (b)(2)).

An issue with this mandate is that the term "significant delay" is not defined. The amount of time that constitutes a significant delay is left to the interpretation of state agencies, supervisors, and counselors. For some a "significant dalay" may be one week whereas for others a "significant delay"may be one month or more.

State rehabilitation agencies are encouraged to use similar benefits to provide post-employment services and services to the handicapped individuals' family members (Federal Register, December 5, 1974, sec. 401.45(b)(1)). The law does not allow state rehabilitation agencies to provide funds for training in institutions of higher

education "unless maximum efforts have been made to secure grant assistance, in whole or in part, from other sources to pay for such training" (Rehabilitation Act of 1973, P.L. 93-112, sec. 103(a)(3).

Literature Related to Similar Benefits in Rehabilitation

This section reviews previously conducted studies and reports concerning similar benefits. The studies are reviewed in chronological order.

1973 Study by the Comptroller General

A study was completed in April, 1973, by the comptroller General of the United States concerning the effectiveness of the state-federal vocational rehabilitation program. The findings of this study were based upon a review by the General Accounting office of 820 cases randomly selected from 13,650 cases reported as closed in 1970 from three states. In the part related to similar benefits, the report revealed that some clients were receiving medical services and college training from vocational rehabilitation funds when these services might have been paid for by the clients themselves or from other agencies. The report recommended that rehabilitation agencies should be encouraged to determine during the eligibility determination/acceptance process the client's ability to pay for some services and/or the client's eligibility for other programs or agencies to pay for the required services needed for rehabilitation.

A follow-up report to this study was completed in

February, 1976 by the United States General Accounting office and presented to the Subcommittee on the Handicapped of the U.S. Senate Committee on Labor and Public Welfare. The data for this report were obtained through interviews with personnel at RSA central office, a survey in the North Carolina rehabilitation agency, and a review of training services provided to vocational rehabilitation clients in five states. This study also emphasized that state rehabilitation agencies need to utilize other financial aid or sources to support college, business and vocational training to clients. The report noted that 45-48% of the money spent on college and vocational training could have been saved if similar benefits had been utilized.

The study pointed out the inconsistency between the legislation under which the state-federal rehabilitation program operates and other agencies offering potential similar benefit services. This often results in the "first dollar" conflict. The "first dollar" conflict occurs when legislation requires different agencies to obtain services or funds from other agencies before expending their own resources. An example of this legislative conflict occurs between Title XIX of the Social Security Act and the Rehabilitation Act. Title XIX mandates that a state's plan for medicaid should include cooperative agreements with the rehabilitation agency to insure maximum utilization of vocational rehabilitation resources. However, as specified in the Rehabilitation Act

of 1973, state rehabilitation agencies can only provide medical services after full consideration of similar benefits unless such consideration would cause an unnecessary delay in providing services. It was recommended that Congress should clarify which program should pay for medical services first (U.S. General Accounting Office, 1973).

Rehabilitation Services Administration Survey

In July, 1973 the Commissioner of the Rehabilitation Services Administration (RSA) requested the ten RSA Regional Commissioners to conduct a survey to identify policies and procedures that could be employed by state agencies to ensure maximum utilization of similar benefits for training and physical restoration services; how effective these policies and procedures were in obtaining similar benefits; and possible methods or procedures that might be useful in increasing the utilization of similar benefits for rehabilitation services.

The request for this survey was made prior to final passage of the 1973 Rehabilitation Act. However, by the time the reports were submitted, state agencies were aware of the legislation mandating maximum efforts to obtain financial assistance from similar benefits for training in institutions of higher education. Reports were received from eight out of the ten federal regions.

The results indicated that before vocational rehabilitation (VR) funds for training services and higher educa-

tion, most state agencies were utilizing state scholarship programs, state university grants, veterans training benefits, Basic Educational Opportunity Grants, manpower training and community vocational training programs. Services utilized for physical resotration included Medicaid, Workmen's Compensation benefits, and if available private insurance. Some states had developed procedures to determine the client's eligibility for physical restoration from similar benefits in the early stages of the rehabilitation program. When VR money is used the case record must be well documented showing evidence of ineligibility for payments from similar benefit sources before VR funds can be spent to provide the service.

A problem described by this survey was that some states interpreted similar benefits or other resources to include the client's financial ability to pay for part of the rehabilitation program. Although there is no federal requirement to consider a client's financial resources as a similar benefit, state agencies are allowed to administer economic need tests to determine whether client participation in the costs of vocational rehabilitation will be required.

Another issue raised related to conflicting legislation between agencies. Rehabilitation legislation has mandated that state agencies use other sources for services before their own service funds. However, some of these other sources have mandates in their legislation to utilize state

vocational rehabilitation agency funds for services before using their own service funds. This apparent conflict between two agencies has been referred to as the "first dollar" problem. Although the study did not provide examples of conflicting legislation, the states surveyed expressed the need for further legislation to clarify which agency has the responsibility to provide the service first. Such clarification will assist state agencies in eliminating laborous negotiations between state rehabilitation agency and the various programs.

State agencies also mentioned difficulties in using Medicaid and Medicare for medical services. Problems encountered in using these similar benefit sources included long delays in medical insurance payments to clients, and physicians' reluctance to accept Medicaid or Medicare because of the lower fee schedule, and delays in receiving payment for services rendered. States expressed concern that delays and difficulties in providing medical services through other agencies would impede the client's progress towards rehabilitation.

The findings of this study indicated that states in all responding regions emphasized the need for more training and supervision to increase the utilization of similar benefits. It was recommended that instructions and procedures such as case reviews need to be developed to help states insure that similar benefits are being utilized to the maximum level.

Region IV Study

Studies in the evaluation of state vocational rehabilitation agency programs: A summary report, edited by Stanford E. Rubin, was issued in November, 1975, by the Arkansas Rehabilitation Research and Training Center of the University of Arkansas. This was a national project to improve state rehabilitation agency capacity to evaluate effectiveness in meeting rehabilitation program goals. This study was conducted in response to the promulgation of the nine general Standards for evaluation of the state-federal rehabilitation. The purpose of the project was to assess and develop evaluation procedures and methods to enable state agencies to respond to the evaluation Standards. Each of the states in the ten federal regions were given part of the rehabilitation process to analyze. The assignment of Region IV was the topic: Utilization of available resources. Region IV examined two questions in their area dealing specifically with the issue of similar benefits. The Region IV research committee defined similar benefit resources to include the following:

1. Title 18 (Medicare) and 19 (Medicaid) medical payments;
2. Office of Education education and training benefits;
3. Local and state medical health clinics and facilities;
4. Department of Labor education and training benefits;
5. Title 4 and 6 Social Security services to the family.

Funding sources not included in Region IV's definition of similar benefits were:

1. SSI and trust funds;
2. Private rehabilitation facilities; and
3. Private insurance companies.

The first question was concerned with the percentage of clients receiving rehabilitation services paid by a third party. Three states (Florida, Georgia, and Tennessee) responded to this question, a sample too small to draw firm conclusions. However, the results did provide several insights. For severely disabled clients the service paid most frequently by a similar benefits resource was training. The service that received funds from similar benefit sources the least was maintenance. The frequency of similar benefit funds spent for the rehabilitation services of service to family members, and restoration was in between the services.

The Florida rehabilitation agency conducted a study testing the reliability of R-300 data on the number of rehabilitation services paid for by similar benefit resources. The report indicated that for 79% of the severely disabled clients and 86% of the non-severely disabled clients receiving a similar benefit service this information was not recorded. This result was determined by comparing the number of services reported on the R-300 to the number of services

actually provided. This finding suggests that the use of similar benefits is more common and widespread in state VR agencies than might be realized. In this regard the study committee recommended the following be undertaken: (a) the development of reliable methods to record the utilization of similar benefits; (b) the creation of a consistent definition of similar benefits; and (c) the training of counselors in the use of such materials.

The second question addressed by the Region IV study was the ratio of non-VR funds to total expended service funds and the source of those non-VR funds. The study members examined this question using the Florida VR program as the data source. The findings indicated a higher proportion of VR funds spent on non-severely disabled clients who were closed as not rehabilitated, statuses 28 & 30 than for severely disabled clients closed in those statuses. For clients closed as rehabilitated, status 26, the amount of VR to non-VR funds spent was approximately equal for severly and non-severely disabled clients. Not enough information was available to determine the reasons why more VR funds were spent for non-severely disabled not rehabilitated clients.

Several issues regarding the conduct of the survey were raised by the respondents. For example, the terms non-severely disabled and severely disabled were not defined clearly. Other problems noted were: (a) lack of information concerning counselor involvement in obtaining similar

benefit services, and (b) case records that did not include the source of funds used or information to determine the value of non-VR funds providing the service.

RSA Management Information System

On December 19, 1975, the U.S. Department of Health, Education, and Welfare, Office of Human Development Services published the nine Standards for evaluation of the rehabilitation program in the Federal Register. These nine standards were developed to assist state rehabilitation agencies in evaluating the effectiveness of the rehabilitation program.

Standard 4, data element 2 relates to the issue of similar benefits. Specifically, it requires state agencies to report on the R-300 case report form the types of rehabilitation services a client received. Information reported indicates whether the service was at full, partial, or no cost to the state rehabilitation agency. 'This is the only federal reporting requirement state rehabilitation agencies have regarding the utilization of similar benefits.

Urban Institute Similar Benefits Study[1]

This study, The usage of similar benefits in vocational rehabilitation, was completed in August, 1976 by the Urban Institute a private consulting firm. It was conducted to identify methods and procedures state rehabilitation agencies use in implementing similar benefits program and to assess the effectiveness of these methods in utilizing similar benefits. The Urban Institute collected information in

two phases. First, a questionnaire was mailed to all state agencies in the nation to obtain data concerning practices and procedures employed to identify and use similar benefits. Follow-up interviews with state administrative personnel, supervisors, and counselors were conducted in 12 state agencies.

The results of the Urban Institute study indicated that although there are many unresolved problems concerning similar benefits, many state agencies were improving methods and procedures to maximize uniformity of similar benefits. Differences were found to exist between state rehabilitation agencies regarding policies and procedures used to implement their similar benefit programs. Consistent procedures have not been developed within or between state agencies to insure uniformity of similar benefits utilization. Procedures used in state agencies for identifying and utilizing similar benefits vary, and may include: (a) written agency policies, (b) supervisory review, (c) training for counselors, (d) written manual guidelines, (e) auditing of cases by agency, (f) authorization requirements, (g) training for other VR staff, (h) training for intake workers, (i) forms to review clients eligibility, (j) financial review of similar benefits, (k) staff to assist counselors to determine eligibility, (l) client forms to identify eligibility, and (m) referral units to review eligibility.

The methods identified by state rehabilitation agencies

as the most effective and most frequently used procedures to identify and utilize similar benefits were written agency policies, supervisory review, training for counselors, and written manual guidelines. Although written agency policies and manual guidelines were deemed as the most effective and frequently used they were still not comprehensive enough to establish consistent procedures for similar benefit utilization.

The quality and quantity of supervisory review is dependent upon the individual supervisor. Supervisors have different authorization requirements and monitoring procedures to determine the type and amount of similar benefits utilized by their counselors. A standardized format for supervisory review was recommended by the Urban Institute (Note 1) as a means for development to establish consistent procedures to identify and utilize similar benefits throughout the state.

Training provided to counselors in the utilization of similar benefits was generally felt to be inadequate because of the lack of information on similar benefit resources. Information for training counselors to utilize similar benefit resources includes knowledge of the following data about the potential program: (a) eligibility requirements, (b)target population, (c) application procedures, (d) type of services provided, (e) information concerning the details of formal and informal agreements between VR and the agency,

and (f) administrative and organizational procedures of the similar benefits program within the state rehabilitation agency.

Case management methods frequently used to monitor similar benefits are supervisory review, caseload audits, and authorization requirements for similar benefit services. Supervisory review in case management focuses on similar benefit sources specified in the VR legislation such as Medicaid, Medicare, BEOG, and the Veterans program. These reviews are conducted to determine the extent other sources were pursued to provide services, and if the case record was adequately documented to explain why similar benefits were not utilized. Case auditing is generally done on a periodic basis to evaluate and measure the effectiveness of similar benefit utilization at the service delivery level. Authorization requirements require counselors to obtain approval for services requiring the consideration of similar benefits. Before granting approval the supervisor reviews the extent to which similar benefits were pursued.

Frequently used methods to support agency personnel (counselors and supervisors) efforts to increase utilization of similar benefits are written manual guidelines and policies for similar benefit programs, training activities, and special staff to assist counselors in determining eligibility of clients for other programs. The Urban Institute study indicated that a small percentage of state agencies

employed speciality staff to assist counselors in utilizing similar benefits for eligible clients. Speciality staff are counselor aides and intake workers. The primary responsibility of the speciality staff is to assist the rehabilitation counselor in determining client eligibility for the rehabilitation program and similar benefits, and service coordination. This specialist is required to stay abreast of current policies and changes that occur with similar benefit resources. Thus, the specialist serves as a resource person to the rehabilitation counselor. The Urban Institute stated that agencies using speciality staff for similar benefits believed it facilitated, in a consistent manner, a uniform and systematic method of determining client eligibility for similar benefits.

A problem cited by rehabilitation agency administrators, supervisors, and counselors was the difficulty of obtaining cooperation from other agencies. Although some state rehabilitation agencies have effective cooperative agreements with similar benefit sources, many cooperative agreements are vaguely written and thus not very useful. Another problem is that cooperative agreements are written from the administrative level. This makes it difficult to meet the service delivery needs of counselors and clients. The Urban Institute suggested that cooperative agreements need to be written to include differences of policies at the local level, (county, city, or region) particularly with services that are provided state-wide such as CETA, Medicaid,

Title XX, and General Assistance. Detailed written agreements providing information on specific referral procedures, exchange of client information and coordination of services would help remove barriers that interfere with effective coordination of similar benefit services. Many state agencies have found that formal agreements with school financial aid offices are beneficial in identifying other sources to pay for a client's education or training. A problem noted by the Urban Institute in utilizing BEOG grants is that the rehabilitation counselor is often not informed when a client is awarded a BEOG grant nor the amount of the grant. Formal procedures need to be developed to insure state agencies are informed of their client's eligibility, acceptance, and amount of financial assistance received.

The Urban Institute study indicates that rehabilitation counselors have the main responsibility for identifying potential similar benefits for their clients. If VR agencies want to increase the level of similar benefit utilization, new procedures for systematically identifying potential similar benefit resources need to be developed. As long as state agencies place the major responsibility for utilization of similar benefits on the rehabilitation counselor's ability and knowledge, inconsistent usage of similar benefits will continue.

Three problems affecting the maximum utilization of similar benefits as reported in the Urban Institute study

were: (a) time delays in providing services to clients resulting from the use of similar benefits, (b) poor evaluation procedures at the state level to determine the use of similar benefits, and (c) the lack of standardized documentation of procedures both within and between states to determine the frequency of similar benefit utilization. Services must be provided to clients at the time they are needed during the rehabilitation process in order for the services to have the greatest impact on the client's rehabilitation. Delays caused by utilizing similar benefit resources can cause clients to lose interest in the rehabilitation program, thus lowering the possibility of a successful rehabilitation. Many clients cannot afford the time for a long rehabilitation program, especially if their program is delayed waiting for a similar benefit service. Many clients are anxious to enter the working world and collect a paycheck (Urban Institute). Thus, a number of states allow the rehabilitation counselor to provide services from VR funds that normally would be paid for by another agency if a delay would occur or an inadequate service be provided by using the similar benefit.

Evaluation procedures used by VR agencies to determine the effectiveness and utilization of similar benefits rely upon reviewing the Individualized Written Rehabilitation Plan (IWRP) in case records. However, the IWRP is only required to indicate what similar benefit resources the

client is eligible for. To increase the effectiveness of the IWRP as an evaluative tool, the Urban Institute suggested the following information should be added: dates upon which applications or requests for similar benefit services were made; results of the application procedure; the name of the similar benefit service and the agency providing the service; when the service will be provided; and an estimate of what that service costs. In this way standardized evaluation procedures would become meaningful and relevant to determine agency effectiveness in utilizing similar benefits.

The problem of inconsistent and incomplete recording of procedures used in obtaining similar benefits prevents the full extent of similar benefit usage from being measured. Without reliable data on the number of services obtained through similar benefits, the number and percentage of clients eligible for similar benefits, and the costs and benefits to the client and the VR agency resulting from the use of similar benefits, state VR agencies will be unable to effectively analyze the impact on the VR program of similar benefit utilization.

The Urban Institute concluded that although many of the rehabilitation professionals interviewed were positive about the effects on the VR agency of similar benefits there is little concrete data upon which to base that premise. The Urban Institute discussed the need for future studies to determine positive or negative effects of similar benefits

on clients and the state rehabilitation agency. Suggested studies included: comparison between cases utilizing similar benefits to cases not utilizing similar benefits to determine if the use of similar benefits increases or decreases the amount of time spent in the rehabiltation process, and how similar benefit usage affects clients' attitude towards their rehabilitation program.

Similar Benefits Study by the Fifth Institute on Rehabilitation Issues[2]

The Institute on Rehabilitation Issues (IRI) funded on an on-going basis by RSA organizes different study groups to discuss current issues in rehabilitation. This document, based upon the expertise of rehabilitation personnel throughout the nation, and the staff of the Research and Training Center of the University of Wisconsin-Stout presents relevant similar benefits issues. The report examines the issues of similar benefits in terms of (a) administration issues, (b) management and supervision issues, and (c) counselor and client issues (Ottmar & Corthell).

Administrative Issues. The administrative issues in similar benefits focused on the discrepancies between legislation, regulations, and the Rehabilitation Services Manual (1975, sec. 2015). One discrepancy noted was that the Rehabilitation Act of 1973 (P.L. 93-112, sec. 103(a)(2) and the regulations, (45 CFR 1351.45 (b)(IV)) do not require

post-employment services to utilize similar benefits yet the federal manual (1975, sec. 2015) stresses the importance of considering similar benefits for post employment services. Because of this and other discrepancies between legislation, regulations and the federal manual this study group recommended that state administrators ask RSA to clarify this and other ambiguous issues. Another issue raised was whether similar benefit cooperative agreements threaten the growth of the vocational rehabilitation program. The problem identified was making agreements with agencies that may have uncertain funding sources, therefore making the VR program dependent on programs that may lose their financial support.

Not only are there conflicting policies and regulations within the state rehabilitation agency but also between the state rehabilitation agency and agencies providing similar benefits. Title XIX of the Social Security Act as well as P.L. 94-142 Education for all Handicapped, require state agencies to obtain services from the state vocational rehabilitation agency before providing the service themselves. In this situation, it is necessary to work out a mutually advantageous cooperative agreement between the two agencies that insures that clients will be provided with a high level of service.

This study group indicated that because of the broad scope of services provided by the VR program, the rehabilitation agency should take the lead in initiating cooperative

and application procedures, and a contact person. Managers and supervisors should also receive training for developing incentives for counselors using similar benefits, monitoring utilization of similar benefits, negotiating bargaining procedures for use in developing cooperative agreements, and the effects of similar benefits on service delivery.

In developing interagency cooperative agreements, provisions need to be included for continuous contact, communication, and information exchange with the persons in the similar benefit agency. Financial and program reporting could reduce the duplication of paperwork if the VR and the other agency agree upon standardized forms for referral and information exchange.

Counselor and Client. The counselor-client study group dealt with issues that have a major impact upon the client or counselor when utilizing similar benefits. One of the main concerns is insuring that clients receive adequate and appropriate rehabilitation services without undue delay in the delivery of services. Although counselors are required to consider similar benefits for services they plan to provide and document this in the IWRP, counselors are allowed to use VR funds if services provided by similar benefit resources will not enable the client to achieve the outcomes as specified on the IWRP. Delays in a client's rehabilitation program because of waiting for a similar benefit resource may cause the client to become discouraged with

the rehabilitation program (Ottmar & Corthell, pp. 65-66). However, the counselor is given leeway to use VR funds for the service if the similar benefit would cause a delay in the program. Another problem concerned with the client and the use of similar benefits is the client's attitude towards being involved with other agencies. There may be negative connotations associated with some programs and additional bureaucratic problems to overcome. To alleviate this problem recommendations were made to make the client as involved as possible with the need for similar benefits and how these benefits will help him/her achieve the rehabilitation goal. For example, the client and the counselor should meet with the staff of the agency providing the similar benefit service to discuss the relevance of the service to the rehabilitation plan. However, if similar benefits are not utilized the rationale for not utilizing them must be documented within the case record.

The study group indicated the role of the rehabilitation counselor in working with similar benefit resources should be one of cooperation. It was suggested that some rehabilitation counselors are afraid of losing control of the case to another program. Counselors need to understand that other agencies are capable of providing services that are just as adequate as VR services and perhaps even better. Sometimes counselors trying to maintain control over the case will not release enough information to other agencies or will not provide the client with enough information about another

service. The counselor needs to be flexible in order to effectively work with the different functions expected of a rehabilitation counselor. Counselors need to realize that use of similar benefits does not mean they are inadequate, but rather that similar benefits can enhance a counselor's ability to provide adequate and necessary services to clients.

A final issue discussed by the Institute on Rehabilitation Issues Study Group was the issue of documentation. The main responsibility for recording the use of similar benefits resides with the rehabilitation counselor. At this point there is no uniform and complete national reporting system to record how extensive is the utilization of similar benefits. Currently the use of similar benefits is documented in a quantitative manner on the R-300 case record form. The type of information documented is whether or not a service was provided with and/or without cost to the rehabilitation agency. The study group suggested the completed IWRP be the main source of documentation to record the use of similar benefits. The IWRP would need to contain information concerning similar benefit services the client is eligible for and the specific services necessary for that client to be successfully rehabilitated. The IWRP as used in many states does not contain information about the services actually utilized unless an additional report was included describing the actual services provided. This increase in the amount of paper work the counselor would be

required to complete might make counselors reluctant to utilize similar benefits. It was also suggested to use the cost estimate provided by the IWRP instead of reporting the actual cost spent for a specific service.

Information available from the R-300 includes types of rehabilitation services provided and if they were provided with cost and/or without cost to the state VR agency. However, types of services are categorized into broad areas making it difficult to use to report similar benefit utilization.

It was suggested that VR agencies develop their own management information systems to monitor and accurately document the extent of similar benefit utilization. This information could then be used in program and budget planning and as a mechanism to provide feedback to Congress and state legislatures concerning the impact of similar benefits. If state VR agencies developed methods for accurately reporting similar benefits, these methods could be incorporated into a national similar benefits reporting system.

Summary

This chapter presented an overview of the legislative history and development of the similar benefit program in the state-federal rehabilitation program. The legislative history of similar benefits parallels the development of the state-federal rehabilitation program.

The second part of the chapter reviewed literature relevant to the similar benefit program in rehabilitation. The literature review indicated a predominant concern with identification of similar benefits, eligibility determination procedures amd methods to document the impact of similar benefit utilization on clients and the rehabilitation agency. Other issues presented were conflicting legislation between different agencies resulting in the "first dollar" conflict, timeliness and adequacy of similar benefit services, and the effect of similar benefit utilization on the state agency, rehabilitation counselors, and clients.

CHAPTER III

RESULTS AND ANALYSIS OF THE SIMILAR BENEFITS QUESTIONNAIRE

In this section, the findings of a questionnaire developed by the UM-RRI and sent to a sample of rehabilitation personnel in July 1980 will be presented. The questionnaire had three parts. The first part included questions regarding the Definition and Identification of similar benefits. The second part was concerned with issues related to the Process and Utilization of similar benefits. The last dealt with issues of determining the Impact and Evaluation of similar benefits on the state agency. The results and issues these findings raise will be discussed as they relate to each section of the questionnaire.

Questionnaire Development and Results

After consultations with staff from the Virginia model program evaluation unit, it was decided that the most expeditious procedure to obtain information on similar benefits was to develop a questionnaire and survey rehabilitation personnel. The questionnaire (Appendix A) as developed by the UM-RRI included relevant issues regarding similar benefits. The UM-RRI was especially interested in obtaining the perspectives of rehabilitation personnel involved with the similar benefits program. It is anticipated that the results

of the survey will be valuable in the development of other products for this project.

The items included in the questionnaire were identified from issues found in the literature review, discussions held with rehabilitation personnel, and the UM-RRI's previous work in rehabilitation program evaluation. The survey items were categorized into three sections. The first section, "Definition and Identification" was concerned with defining similar benefits and with determining methods necessary to identify those agencies and program offering similar benefits. The second section of the questionnaire, "Process and Utilization," dealt with information needs and procedures to effectively utilize similar benefits in the rehabilitation program. The third section, "Impact and Evaluation," was concerned with determining the effects the use of similar benefits has upon the state agency including program administrators, rehabilitation counselors, and clients, and procedures to monitor and track clients receiving and/or eligible for similar benefit resources. After further consultation and input from the Virginia DRS model program evaluation unit personnel, the format and questions included in the survey instrument were finalized.

In July 1980, the questionnaire was sent to a selected sample of rehabilitation personnel in Virginia and several other states to learn about their experiences with, and opinions of, the use of similar benefits. The sample

represented various state rehabilitation personnel including program administrators, supervisors, rehabilitation counselors, and program specialists.

As previously stated, the questionnaire contained three parts: Definition and Identification, Process and Utilization, and Impact and Evaluation. These three parts correspond to the Rehabilitation Services Administration (RSA) subgoals of input, process, and outcome, respectively. The following are the results of the survey.

Definition and Identification

The section of the questionnaire on "Definition and Identification" asked respondents to define the term similar benefits and discuss issues and problems related to the identification and subsequent use of similar benefit resources.

Similar benefits were generally defined by respondents as any program, service, or financial assistance other than the rehabilitation program to provide partial or full payment for rehabilitation services needed by rehabilitation clients. Respondents indicated that the use of similar benefits did save the vocational rehabilitation agency money while at the same time, increased the number of services and programs available to the client. However, respondents mentioned that the pursuit of similar benefits through other agencies with different eligibility requirements often results in service delays.

Another issue mentioned by many rehabilitation agency

personnel was the "first dollar" problem. This is a consequence of conflicting legislation between the state rehabilitation agency and other agencies or programs that are potential sources of similar benefits. The legislation for these agencies often stipulate that they seek out the services or funds of other agencies before using their own resources. An example of this problem was between the state rehabilitation agency and Title XIX of the Social Security Act (Medicaid). Title XIX of the Social Security Act states, "A state plan for medical assistance must provide for entering into cooperative arrangements with the state agencies responsible for administering or supervising the administration of health services and vocational rehabilitation services in the state looking toward maximum utilization of such services in the provision of medical assistance under the plan." The Rehabilitation Act as interpreted in the Federal Register and through Program Regulations stipulates to the rehabilitation agency "Each state is urged to pursue aggressively cooperative arrangements which allow for the use of Title XIX money for medical services whenever necessary during the rehabilitation plan" (Program Regulation Guide, May 13, 1974). Thus both agencies are required in their legislation to utilize the funds of the other agency first.

Process and Utilization

The questions in the "Process and Utilization" section of the survey suggested various procedures which might assist vocational rehabilitation agencies to effectively utilize

similar benefits and asked respondents to discuss the potential usefulness of each method. Respondents were also asked to specify the advantages and disadvantages of using similar benefits with respect to issues of timeliness, quality, adequacy, and personnel of similar benefits services and to evaluate whether the time and effort expended by counselors to obtain similar benefits is justified.

Some service delivery delays and frustrations in trying to coordinate and carry out cooperative agreements with other agencies, each having its own bureaucracy, eligibility requirements, and application procedures were indicated. Rehabilitation agency personnel frequently mentioned that the amount of time a rehabilitation counselor spends pursuing a similar benefit resource does not always justify the money saved. The majority of respondents agreed that the use of similar benefits allowed the rehabilitation agency to conserve the agency's funds, thereby enabling the program to serve more clients with a broader range of quality services. As one respondent stated, "I feel the time and effort are justifiable in most cases, and in other imperative. Case service money is obviously limited. Counselors and other staff, therefore, are compelled and mandated to seek out as many services as possible that can be provided by other agencies in serving their clients. Often a quality rehabilitation program could not be developed and delivered for individual clients without the involvement of other resources."

The majority of rehabilitation personnel said that having a similar benefits directory would be helpful. The information they believed such a directory should contain included: A list and description of available similar benefit resources, the eligibility requirements and application procedures for each potential source of similar benefits, as well as the name of a contact person for each listed agency and groups. It was also noted that to further facilitate its use, the directory could be organized listing agencies by the type of services and programs offered.

About half the respondents favored having a single person in the rehabilitation agency responsible for obtaining information and determining the eligibility of clients for similar benefits, while the rest felt it best to have counselors within the agency receive training to familiarize them with the full range of potential similar benefit resources and to learn how to procure these similar benefits for their clients.

In selected rehabilitation agency offices in the Virginia DRS, a pilot project has been using similar benefits specialists to identify and obtain similar benefits for clients for the past one and a half years. Of the survey respondents who are participating in the Virginia similar benefits pilot program, the majority stated that having a similar benefits specialist in each state agency office is the most effective method to promote the use of similar benefits especially since rehabilitation counselors are not

able to devote the time necessary to effectively pursue similar benefits. As one respondent said, "...due to the proliferation of resources and the ever increasing complexity of eligibility requirements, (pursuing similar benefits) is too large a task for each counselor."

Impact and Evaluation

The section on "Impact and Evaluation" queried rehabilitation agency staff and counselors on the effects similar benefits has upon the state agency. Rehabilitation agency personnel also discussed how clients receiving and/or eligible for similar benefits might be monitored and tracked.

An important incentive for using similar benefits noted by all survey respondents is that through similar benefit resources, rehabilitation clients are given access to programs and services through other agencies and programs that the rehabilitation agency could not provide using only its own resources and limited funds. As a result the funds the rehabilitation agency saves can be used to serve and rehabilitate more clients. However, the time and effort often expended by rehabilitation counselors to obtain these benefits was mentioned as a major disincentive for seeking similar benefits. Service delays resulting from the inefficiency and lack of inter-agency coordination interferes with client goals and those of the rehabilitation program.

Most of the respondents were not aware of methods currently used to measure the savings in rehabilitation funds

resulting from using similar benefits. Generally, the monitoring and tracking of rehabilitation clients who are eligible and/or receiving similar benefits is done by individual rehabilitation counselors. The Virginia DRS uses a form RS-4e (2), (Appendix B) to monitor and track clients receiving similar benefits. This form represents a significant improvement over the part of the R-300 currently required by RSA central office for reporting similar benefits. The R-300 provides information concerning broad categories of rehabilitation services and whether or not the service was provided with cost, no cost or partial cost to the state rehabilitation agency. Providing a rehabilitation service at no cost or partial cost indicates that a similar benefit was used to pay for all or part of the service. At this point, the R-300 does not record the specific similar benefit services utilized or the amount of rehabilitation dollars saved by using the similar benefits service. It is possible that many services that by definition are similar benefits are currently used by rehabilitation counselors but are not documented on any reporting form.

Suggestions for improving the monitoring and tracking of clients included computerizing the relevant data as well as training counselors to effectively track and monitor their own clients.

Some respondents felt that the money the agency saves through similar benefits utilization does not compensate

for the staff time used to procure these resources. A counselor expressed the concern that "the rehabilitation agency is losing its identity and will be absorbed by another, larger agency in the future such as Social Security. This would be a tragedy." However, another respondent indicated, "similar benefits savings result in more comprehensive services for both the similar benefits client and for other disabled who are only Department of Rehabilitation Services eligible. According to the Annual Report supplied to the Governor's office, rehabilitations in 1977 were 6,025 and in 1979 were 6,793. In this period of inflation, especially escalating medical costs, I feel that part of this increase in rehabilitation must be credited to the use of similar benefits and better management of agency funds."

Discussion and Analysis

The findings of this questionnaire raise several issues that are important to rehabilitation program administrators, supervisors, counselors, and clients. These questions and issues will be discussed in this section of the monograph.

Definition and Identification

A fundamental issue concerning the Definition and Identification of similar benefits is that the concept of what constitutes a similar benefit seems to be clearly understood by all rehabilitation personnel. The consensus of a similar benefit is that it involves the use of the funds and/or services from a source other than the rehabilitation agency.

A service that is needed by a rehabilitation client that is not available through the rehabilitation agency but is obtained from another agency is not generally considered a similar benefit.

An issue to be resolved by rehabilitation agency administrators with the administrators of similar benefit resource agencies is the issue of which agency is required to pay the "first dollar". Clear guidelines need to be established to clarify the specific financial responsibilities at each agency that would clarify the majority of situations in which similar benefits are involved.

It is also important to determine whether providing a service for a client from another agency (although the client may be eligible for the similar benefit) prevents the similar benefit resource agency from meeting the needs of its own clients thereby creating a situation and a political climate in which rehabilitation clients and the clients of other agencies must compete with each other for the same funds and services. The establishment of clear guidelines that are beneficial to the clients of both rehabilitation and similar benefit agencies will help foster cooperative relationships between service agencies so that clients of all agencies receive appropriate and needed services.

Process and Utilization

A major Process and Utilization issue of similar benefits is the demand it places on the rehabilitation counselors'

time. More counselor time, it was noted, is required to arrange for services from other agencies than is required if the same service is provided using rehabilitation funds. To utilize similar benefits a rehabilitation counselor must take the time to obtain information concerning other agencies, their programs or services, eligibility requirements, and application procedures. In addition, the rehabilitation counselor needs to match the client to the appropriate similar benefit agency and must make arrangements for that service to be provided. Even more of the rehabilitation counselors' time is taken up if the counselor has to assist the client in filling out forms during the application process and working with personnel at that agency.

The amount of time needed by the rehabilitation counselor to utilize similar benefits services is effected by the procedures and agreements developed by the state rehabilitation agency to increase the cooperation between agencies. If the rehabilitation counselor, alone, is given the responsibility for pursuing similar benefits,he/she must spend time becoming familiar with all the similar benefits programs available in the area. This places a major responsibility on the rehabilitation counselor to keep abreast of potential similar benefit programs and services, and eligibility requirements. This is so because new programs often become available and even in existing programs eligibility requirements and application procedures sometimes change.

To partially alleviate this problem, a directory of similar benefit resources is a helpful tool. Such a directory should contain at a minimum, an organized list and description of the similar benefit resources available, eligibility requirements, application procedures, and the name of a contact person for each listed group and agency.

Another method for alleviating the time consuming nature of similar benefit utilization is to employ counselor aides or similar benefit specialists to identify and obtain information concerning similar benefits and to assist with some of the paperwork and other procedures involved in obtaining such services for clients. The similar benefit specialist would be responsible for assisting the counselor in identifying and arranging similar benefit services for clients. The specialist would also assist the counselor by helping the client through the application process at other agencies. Follow-up and case record documentation on the client's progress could also be done by the similar benefit specialist.

Impact and Evaluation

With respect to the Impact and Evaluation of similar benefits, the questionnaire results point to the need for state agency administrators and supervisors to identify and use possible similar benefit resources to meet the rehabilitation service needs of clients. Once possible similar benefit resources are identified, informal and formal cooperative agreements should be developed between the rehabilitation

agency and similar benefit agencies and programs. Informal agreements consist of personal relationships developed between rehabilitation counselors and personnel at other agencies offering similar benefit services.

Formal agreements are written agreements or contracts specifying the nature and extent of cooperation between two agencies in providing services to mutual clients. It is important for the contract to include the purpose and goal of the contract, eligibility requirements and procedures, names of contact persons in each agency, the types of services that will be provided, the length of time the contract is effective and provisions for contract revisions if these become necessary. It should also be clearly stated what the responsibilities are for each agency in providing and coordinating the services to the client. In addition, feedback mechanisms should be specified to assure the referral counselor is provided with adequate information concerning the client's progress. Feedback mechanisms could include a final report written after the client receives the service, periodic phone calls or site visits reporting on the client's progress, and/or a final meeting between the client, the rehabilitation counselor and the personnel from the similar benefit agency who administered the service. To make formal cooperative agreements effective it is necessary for close working relationships to exist between personnel at the state rehabilitation agency and the similar benefit resource. However, experience

with formal and informal agreements supports the finding of one respondent formal and informal who stated, "... where formal agreements were in force, there was less flexibility in the working of the two agencies. As an example, we have worked for many years with a local mental health group where we receive services and have accesses that they would never dare put in a (formal) cooperative agreement." This illustrates the fact that formal agreements between service agencies does not ensure cooperative relationships between the agencies involved. Ultimately, the most effective agreements are the informal agreements between the rehabilitation counselor and an individual at the similar benefit resource agency.

Informal agreements and relationships help facilitate the delivery of services to clients by providing avenues of communication to the similar benefit agency through which the rehabilitation counselor is able to obtain necessary information on eligibility requirements, appropriateness of service, as well as the client's progress in the similar benefit program (Urban Institute, Note 1). Positive relationships between agencies help foster cooperation and trust thus benefiting the client receiving services. For these reasons, informal agreements and relationships between agency counselors are to be encouraged.

In addition, state rehabilitation agency administrators need to develop clear and concise policies, procedures, and counselor training to effectively evaluate all similar

benefits utilized. In the Urban Institute study, it was noted that similar benefit usage is monitored by means of (a) the Individualized Written Rehabilitation Plan (IWRP), (b) case records, (c) authorization forms that are used for rehabilitation expenditures above specified amounts, and (d) informal discussions between supervisors and counselors concerning the utilization and other problems of similar benefits. However, as the questionnaire results indicate, monitoring procedures to determine the utilization of similar benefits, are not always consistent, making it difficult to evaluate the effectiveness of similar benefits usage.

Rehabilitation agency monitoring of similar benefit procedures need to be clearly specified and coordinated at a national level in order to ensure that reliable data are used to evaluate the effects of similar benefits on the rehabilitation process. At the state agency level, administrators and supervisors must identify ways to accurately estimate the costs of similar benefits. Since it is conceivable that counselors may either over or under estimate what a particular service actually costs a similar benefit agency and consequently saves the rehabilitation agency, it is important that a more precise measure of cost be developed.

In addition, the R-300 form currently used by state agencies to record similar benefits information needs to be revised to include more specific information about the similar benefit services used by the rehabilitation agency

as well as the amount of rehabilitation funds saved. Perhaps, the RS-4e(2) form currently used in Virginia could serve as a model. As noted earlier, many services currently used by rehabilitation counselors are, in fact, similar benefits, but are not documented as such. These need to be identified and documented.

It is also important for rehabilitation administrators and supervisors to develop a more precise method of documenting whether the rehabilitation agency actually serves a greater number of clients through the use of similar benefits. These data are significant in evaluating whether similar benefits increases the efficiency of the rehabilitation agency. The state rehabilitation agency needs procedures to determine if agency funds saved through similar benefit utilization are actually used to serve additional clients. A major purpose for utilizing similar benefit resources is to enable the state rehabilitation program to serve more clients. Unless accurate methods are developed to determine the amount of agency funds saved through similar benefit utilization, The rehabilitation agency will have difficulty determining the number of additional clients served by the VR program.

Aside from the issues above which deal with ways to improve the quantitative measures of similar benefit effectiveness, there are several qualitative measures that must also be documented in order to adequately evaluate the effects of similar benefits. Rehabilitation administrators,

supervisors, and counselors must collaborate to develop criteria to determine the quality of similar benefit services. One issue that is related to service quality is whether the services available through a similar benefit resource are different than those services that are usually available through the rehabilitation agency. This can occur when a rehabilitation agency client fulfills certain eligibility requirements that entitle him/her to services outside the rehabilitation agency that are not usually available to every rehabilitation client by virtue of their being disabled. Another related issue which concerns rehabilitation counselors is the degree to which rehabilitation counselors are able to control the quality of services available to their clients through similar benefit agencies and groups.

Since the rehabilitation counselor is primarily responsible for documenting the outcomes of similar benefit utilization, it is imperative that rehabilitation counselors receive feedback from other agencies concerning the results of services provided to their clients in order to be effective counselors and coordinators of such services. Feedback will allow the rehabilitation counselor to make decisions concerning the adequacy and effectiveness of the service received by the client, the client's attitude toward the service, and the amount of benefits received by the client from the service. The rehabilitation counselor will not be able to effectively coordinate the client's rehabilitation program

if they are unaware of the client's progress.

While the need for uniform and detailed documentation is evident, it is also important that administrators and supervisors be sensitive to the demands additional paperwork make on the counselor's time. If possible, forms and documentation currently in use should be revised or amended before resorting to new forms which would increase the excessive amount of paperwork that already overwhelms the rehabilitation counselor.

Some survey respondents expressed concern that the mandatory use of similar benefits makes the rehabilitation agency dependent on the funds and services of other agencies whose resources may eventually disappear or be terminated. However, the funds currently available to rehabilitation agencies are also vulnerable to legislated budgetary cutbacks. Under these circumstances, similar benefits provides alternative funding and service resources which can be made available to rehabilitation clients. Also, many programs that may be useful to rehabilitation clients are newly created and other programs and services may be created in the future. If these new programs and services will help facilitate a disabled client's rehabilitation they should be investigated and made available if the rehabilitation client is eligible and if his/her counselor believes the program is appropriate to the client's rehabilitation program.

Summary

Clearly, similar benefits has become a controversial issue in the field of rehabilitation as the responses to the survey have illustrated. In the questionnaire, several important issues related to the use of similar benefits have been addressed. How these issues are dealt with in rehabilitation legislation and policy at the national, state and local level and how these mandates are received by rehabilitation administrators, supervisors, counselors, and clients will determine whether similar benefits becomes an effective rehabilitation resource.

Chapter IV

CONCEPTUAL FRAMEWORK

In this chapter is the conceptual framework suggested by the UM-RRI to understand the relationship of the similar benefits program to the rehabilitation program. An overview of the development of similar benefits in rehabilitation is provided. Much of the conceptual framework is based on the historical development, current structure, and theoretical foundations of the state-federal rehabilitation program. This serves in part as a historical basis for the conceptual framework. The conceptual model will be presented. It is anticipated that this will provide an understanding of the relationship between the similar benefits program and the state-federal rehabilitation program.

The final part of this chapter is a discussion of similar benefit issues as they relate to constituents of the rehabilitation program and the conceptual framework.

Overview of History and Legislation Related to Similar Benefits

The state-federal rehabilitation program began in 1920 offering services of vocational guidance, training, occupational adjustment, prosthetics, and placement Services. Since the inception of the rehabilitation program services

have been increased to meet the needs of a broad spectrum of rehabilitation clients. The emphasis in rehabilitation today is on providing service to severely disabled clients to meet vocational and independent living needs.

Parallel to the historical development and expansion of the rehabilitation program, other social and governmental programs have been developed. Clients who previously were eligible only for rehabilitation services now may be eligible for several different social programs. These new programs enabled the state rehabilitation agency to develop cooperative agreements with agencies and programs offering services of health, income maintenance, social services, manpower training, and education programs to meet the rehabilitation needs of clients. Although state rehabilitation agencies may utilize services from other agencies, it should not be concluded that the rehabilitation program is obtaining similar benefits unless the rehabilitation agency is utilizing other agency services to provide rehabilitation service. Services provided by other agencies that are not considered rehabilitation services need to be considered as resources available to enhance the rehabilitation program.

The concept of utilizing other resources developed in conjunction with the growth of the state-federal rehabilitation program. The term "similar benefits" was initially mentioned in the 1943 Vocational Rehabilitation Act Amendments. State rehabilitation agencies at that time were

expected to ascertain whether service such as physical restoration, hospitalization, prostheses, transportation, occupational licenses, customary occupational tools and maintenance could be obtained from other agencies.

Conceptual Framework

The conceptual framework provides an understanding of the relationship between a similar benefit program within the context of the state-federal rehabilitation program. The conceptual framework follows an input-process-outcome model. This is a similar approach as followed by RSA's subgoals for the rehabilitation program. The similar benefit conceptual framework parallels the RSA subgoals of Recruitment and Selection, Restoration and Training, and Client Outcomes, thus providing a structure for examining similar benefit issues within the rehabilitation program. The conceptual framework categories that parallel the input-process-outcome model are: Definition and Identification; Process and Utilization; and Impact and Evaluation.

Definition and Identification

Definition and Identification is concerned with the federal and state definitions of similar benefits and the identification of similar benefit resources to provide services for rehabilitation clients. It parallels the RSA subgoal of Recruitment and Selection because both areas are concerned with defining the eligible population the program is designed to reach and in identifying the services necessary to serve that population.

Process and Utilization

Process and Utilization is concerned with methods and procedures used to implement the similar benefit program within the state rehabilitation agency. This category relates to the RSA subgoal of Restoration and Training because both areas are concerned with the procedures necessary to achieve client and program goals.

Impact and Evaluation

Impact and Evaluation is concerned with the impact the similar benefit program and policies have on the state rehabilitation agency. This category corresponds to RSA's subgoal of Client Outcomes. Both areas are concerned with determining the effectivess of state agencies' policies and procedures in meeting state agency goals.

The conceptual framework can be further examined in terms of audience impact areas which include program administrators (the state agency), rehabilitation counselors, clients, and the community. Program administrators include the state director and other central office administrative personnel, policy makers, program evaluators, and district supervisors, and other personnel who are involved in developing policies and administering procedures, evaluating and supervising similar benefit utilization. Rehabilitation counselors are directly involved with implementing and carrying out the similar benefit program. Rehabilitation counselors work with the administrators, supervisors, and

clients of agencies offering similar benefits. Clients, as consumers of services, are individuals who have been accepted into the rehabilitation agency and are being considered for similar benefits eligibility. The community consists of federal, state and local legislators, similar benefit agencies, and people who come into contact with the rehabilitation program such as potential employees, suppliers of housing and transportation, and the general public.

The three steps to similar benefit implementation, Definition and Identification, Process and Utilization, and Impact and Evaluation will be discussed according to the program constituents audience impact areas. This model provides a framework for state agencies to systematically organize issues that arise from similar benefit utilization into a logical framework. An example of how the conceptual framework is structured can be seen in Figure 1.

Application of Similar Benefit Issues to the Conceptual Framework

The remainder of this chapter examines critical similar benefit issues to the conceptual framework. General issues will be discussed according to the cells in Figure 1. The program implementation steps will be defined and followed by th discussion of issues for each audience impact area.

Definition and Identification

Definition and Identification, as previously indicated is concerned with federal and state definition of similar

Steps to Program Implementation	Rehabilitation Program Constituents (Audience Impact Areas)			
	State Agency (Administrators)	Counselors	Clients	Community
Definition and Identification				
Process and Utilization				
Impact and Evaluation				

Figure 1. Conceptual Framework Paradigm

benefits and the identification of similar benefit resources as a means of providing services to rehabilitation clients. It parallels the RSA subgoal of Recruitment and Selection as both areas are concerned with defining the eligible population the rehabilitation program is designed to reach and in identifying the services necessary to serve that population.

State Agency Issues. The state agency's major concern with similar benefits in Definition and Identification is to establish policies and procedures for the identification, development, and implementation of the similar benefits program within the rehabilitation agency. The state agency is responsible for the definition and identification of similar benefit resources and establishing formal cooperative agreements with these agencies.

Rehabilitation Counselor Issues. Issues relating to Definition and Identification of similar benefits for rehabilitation counselors deal with implementing the state agency's philosophy and policies of similar benefits. The rehabilitation counselor is the individual who puts the state agency's policies into practice. Rehabilitation counselors play a major role in developing effective working relationships with personnel from similar benefit resources including those resources with which the state agency has established formal cooperative agreements.

At this time rehabilitation counselors are the personnel

with the major responsibility for identifying the similar benefit resources that will be appropriate for their clients. Thus, the rehabilitation counselor's time spent pursuing similar benefit services vs. providing counseling to clients becomes an issue. The identification and development of new similar benefit agencies and the constantly changing procedures and regulations for existing similar benefit resources require a tremendous amount of time to stay abreast of these factors. Rehabilitation counselor issues in this area are primarily concerned with applying the state agency's philosophy and policies concerning similar benefits into workable procedures to define and identify similar benefit resources for clients. This may include utilizing formal agreements and also developing informal cooperative agreements.

Client Issues. In the area of Definition and Identification client issues are concerned with the ability of the similar benefit program to meet the service needs of rehabilitation clients without unnecessary delays in providing such services. Also, providing quality services to the client during the rehabilitation process is an issue when using similar benefits. This relates to the effectiveness and appropriateness of similar benefit services the client has been identified as eligible to receive.

A factor the rehabilitation counselor may need to consider is how the client views the similar benefit source.

Some social agencies or programs may be viewed by the client as stigmatizing and a threat to the client's self image. Thus the client may refuse to receive the service because he/she does not want to be known as a client of that particular agency.

Community Issues. Community issues in Definition and Identification are related to public policies and legislation passed by federal and state legislative bodies. A major concern is the distribution of federal and state funds to different agencies. The rehabilitation agency may need to identify agencies to utilize as similar benefit resources because of lower funding in the rehabilitation program or funding changes in currently used similar benefit agencies. Another issue is the amount of knowledge and understanding potential similar benefit agencies have about the rehabilitation program and goals.

Process and Utilization

Process and Utilization as previously defined is concerned with methods and procedures employed to implement the similar benefit program within the state rehabilitation agency and evaluate the potential usefullness of these procedures. Process and Utilization is related to the RSA subgoal of Restoration and Training as both areas are concerned with the procedures required to achieve client and program goals.

State Agency Issues. The process and utilization issues concerning the state agency concern procedures to process

clients receiving rehabilitation services through similar benefit resources. These issues deal with the necessity for the state rehabilitation agency to develop clear policies and procedures to identify and match rehabilitation clients with similar benefit services. Methods need to be developed by state agencies to monitor the amount of similar benefits being utilized and the quality of such service in order to determine the similar benefits program's effectiveness.

Rehabilitation Counselor Issues. Counselor issues concerning Process and Utilization are with procedures to utilize similar benefits and the effect similar benefits has on caseload management. Issues in this area consist of concerns about demands on the counselor's time, particularly the time necessary to assist clients in applying for service and to stay abreast of changes in similar benefit resources, and the procedures and paperwork developed to monitor clients receiving services from similar benefit resources.

Client Issues. Process and Utilization issues concerning clients pertain to the client's attitude and willingness to utilize similar benefit resources for services. The client's attitude towards being involved with other agencies may be affected by negative connotations associated with some similar benefit programs and bureaucratic problems to overcome in applying for service. Another issue is the timeliness and adequacy of services provided to rehabilitation clients in response to the client's rehabilitation

needs and the IWRP. Both timeliness and adequacy of services is affected by state agency policies and the rehabilitation counselor's ability to implement and utilize the state agency's program of similar benefit.

Community Issues. Community issues in Process and Utilization involves the amount of cooperation and effectiveness between the rehabilitation agency and similar benefit agencies. The amount of information available to similar benefit agency personnel providing services to clients facilitates the agency's personnel in understanding the rehabilitation client's needs. The amount of community involvement depends on the willingness and effectiveness of both the rehabilitation agency and other agencies to further the client's rehabilitation program and goals.

Impact and Evaluation

The area of Impact and Evaluation concerns issues related to the impact the similar benefits program and policies have upon the state rehabilitation agency. This area corresponds to RSA's subgoal of Client Outcomes. Both are concerned with determining the effectiveness of the state agencies policies and procedures in meeting client and program goals.

State Agency Issues. State agency issues in Impact and Evaluation are concerned with the impact similar benefits utilization has on the state agency. Specific issues determining the impact of similar benefits include: (a) the amount of agency money saved, (b) the increase in the

number of clients served, (c) how the impact of similar benefits on clients and the agency is documented, and (d) determining documentation methods that are effective for evaluating the similar benefits program.

Rehabilitation Counselor Issues. Impact and Evaluation issues for rehabilitation counselors deal with the ability of counselors to provide better or more adequate services as a result of using similar benefits. Methods of documenting the impact and utilization of similar benefits greatly affects counselor's case management procedures, particularly the amount of paperwork necessary for determining and documenting the amount utilized by similar benefits and the amount of state rehabilitation agency dollars saved. A major concern for rehabilitation counselors is whether the use of similar benefits enables counselors to serve more rehabilitation clients. Another issue is whether or not the money the agency saves through similar benefit utilization compensates for the amount of staff time used to procure these resources.

As mentioned, the quality of the similar benefit service is an issue. Questions raised include how do you measure how effective the service was, and was the service comparable to the counterpart rehabilitation service? Such issues of measuring client outcomes and the quality of service have not been completely resolved in the basic rehabilitation program.

Client Issues. The impact of similar benefits for clients is determined by the effect similar benefit utilization has in enabling clients to achieve their rehabilitation goals. The rehabilitation agency's major responsibility is to assist clients to achieve their rehabilitation goals. As such, the rehabilitation agency needs to evaluate the effect similar benefit utilization has on the number of successful closures achieved. Similar benefit utilization would not be an effective program if it was resulting in a lower percent of successfully rehabilitated clients.

Community Issues. Impact and evaluation of similar benefits in the community is concerned with the effect similar benefit utilization has on similar benefit agencies, the local community, and funding sources. Depending on the methods and procedures used to implement and conduct the similar benefits program, positive or negative reactions may develop towards the state rehabilitation agency. The more successful the rehabilitation agency is with the similar benefits program the more likely the community, legislators and other funding sources and similar benefit agencies will work with the rehabilitation agency to make the similar benefits program even more effective. This is especially critical today as accountability has become a major concern. With diminishing resources and inflation, the rehabilitation program needs to do more in terms of creatively using similar benefits just to maintain the present level of service

to clients. How each dollar is spent is being scritinized much more thoroughly today than it was in the past.

Summary

This chapter presented the conceptual framework developed by the UM-RRI. This framework will be employed as the conceptual and theoretical base through which the remaining activities of this project will be developed and examined. The conceptual model, as developed, was based on a review of the rehabilitation literature and legislation, particularly as it related to the issue of similar benefits in rehabilitation. The final section of the chapter presented various issues within the structure provided by the conceptual framework as they related to various constituents of the rehabilitation program.

CHAPTER V

SUMMARY

In this monograph the UM-RRI presented a state-of-the-art report and a conceptual framework for a similar benefits program in a state rehabilitation agency. The state-of-the-art contains an analysis of rehabilitation legislation related to similar benefits, a review of the literature on similar benefits, and the results of a survey conducted by the UM-RRI on issues, problems, and needs related to similar benefits in rehabilitation.

The legislation review discussed mandates relevant to the development of similar benefits in rehabilitation. A brief review of the provisions of Rehabilitation Acts were discussed. This was followed by a discussion of the implications these Acts had on the development of similar benefits within the state-federal rehabilitation program.

The literature review focused on previous studies related to the similar benefit program in rehabilitation. Two main studies reviewed were the similar benefits study undertaken by the Urban Institute, and an Institute on Rehabilitation Issues report on similar benefits published by The University of Wisconsin-Stout.

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A questionnaire on similar benefits was developed by

the UM-RRI to obtain the perspective of rehabilitation personnel involved with the similar benefits program in the Virginia DRS. The questionnaire included relevant issues regarding similar benefits. The survey items were identified from issues identified in the literature review, discussions held with rehabilitation personnel, consultations with Virginia model program evaluation unit staff, and the UM-RRI's previous work in rehabilitation program evaluation. The results of this questionnaire were presented. This was followed by a discussion of the issues and problems related to the identification, use, and evaluation of a similar benefits program on the rehabilitation agency.

The conceptual framework was developed as a means to facilitate an understanding and examination of a similar benefits program within the state rehabilitation agency. The conceptual model was developed by taking into consideration the issues identified in the literature review and the survey responses from rehabilitation personnel regarding the issues of utilizing similar benefits and documenting the impact similar benefits have on the rehabilitation program. The conceptual model presents a framework through which the objectives and issues of similar benefits can be organized and understood.

The intent of this monograph was to serve as a framework and a discussion paper for future aspects of this project. It will be used as a guideline for the remainder

of this project. Many questions and issues concerning similar benefits have been raised and discussed in this monograph. Answers or solutions to these questions and issues were not presented in the monograph. Potential answers and solutions to issues such as developing procedures necessary to accurately document the amount of rehabilitation agency funds saved and whether the agency funds saved through similar benefit utilization are used to serve additional clients, will be examined, and solutions suggested during the next parts of this project. The remaining project activities will provide some solutions to the issues and questions raised in this document.

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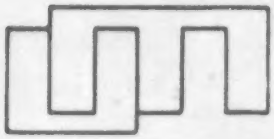
APPENDIX A

Similar Benefits Questionnaire



The University of Michigan
Rehabilitation Research Institute

1323 School of Education
610 E. University
Ann Arbor, Michigan 48109

(313) 763-4795

SURVEY OF VIRGINIA (DRS) PERSONNEL ON SIMILAR BENEFITS

Name:_____ Today's Date:_____

Address:_____ Job Title:_____

_____ Phone Number:_____

_____

INSTRUCTIONS: The following questions related to similar benefits are intended to stimulate your thinking on Similar Benefit issues. The UM-RRI does not expect each participant to answer every question. Although the questionnaire may appear long we do not anticipate it to take more than 15-20 minutes of your time to complete. Whether you are responding in writing or by dictation, please feel free to answer the questions individually or by giving an overall response to several questions. Questions regarding this survey can be directed to Mr. Charles Weston at the Virginia DRS (804) 257-0255 or to Jan La Forge at the UM-RRI (313) 763-4795. All responses will be kept confidential. Please return your completed questionnaire by July 25, 1980.

Thank you in advance for your time and effort.

DEFINITION AND IDENTIFICATION

To define the term similar benefits and to determine methods to identify agencies providing similar benefits.

* * * *

1. How do you define, and what is your overall impression of similar benefits?

2. What administrative problems have you encountered in obtaining services (similar benefits) from other agencies? Please be specific.

3. What effect has the use of similar benefit resources had upon the delivery of services to clients and the state rehabilitation agency?

PROCESS AND UTILIZATION

To identify information and procedures necessary for effectively utilizing similar benefits.

* * * *

4. How helpful is a similar benefits directory in identifying and utilizing other services? What information about a potential similar benefit service is needed to serve clients most effectively?

_____

_____

_____

_____

_____

_____

_____

5. Please specify the benefits and limitation you have encountered in each of the following categories as it relates to utilizing similar benefits:

a) Timeliness of service_____

_____

_____

_____

b) Quality of service_____

_____

_____

_____

c) Adequacy of service_____

_____

_____

_____

d) Personnel of service_____

_____

_____

_____

6. Discuss the pros and cons of the following methods to promote the utilization of similar benefits within the local district office.

   a) Having one person responsible for obtaining information and determining eligibility of clients for similar benefits for the entire agency.

   b) Having each counselor within the agency receive training on eligibility, application procedures, liason, and familiarity with the full range of similar benefits to be responsible for their own caseload.

   c) Having each counselor serve as the liason, expert, and resource for one particular similar benefit service.

   d) Other (please specify)_____

7. In general do you believe the time and effort expended by counselors to obtain similar benefits are justifiable? Are some similar benefit services more worthwhile pursuing than other services?

IMPACT AND EVALUATION

To determine the effects similar benefits has upon the state agency and to identify methods to effectively monitor utilization and benefits of similar benefits.

* * * *

8. What are the incentives and disincentives of using similar benefits?

9. How does the use of similar benefits affect the counselors time and provision of services to the client? How can this best be documented by the agency?

10. What methods are you aware of that are currently used by the state agency to calculate the cost savings from utilizing similar benefits?

11. What are the factors that make effective cooperative agreements between the state rehabilitation agency and similar benefit agencies? Please discuss the nature of formal and informal agreements.

12. What are the current procedures and/or data bases used for tracking and monitoring clients and how can these procedures be improved to better monitor and track clients that are eligible and/or receiving similar benefits services?

13. If the state agency saves money using similar benefits, how do you feel that effects agency operations? For example, are more clients served; are better and more services provided? How do you feel such an impact on the agency can be measured, calculated, and documented?

14. Please list the name and service of similar benefits you have utilized.

Name of Agency	Type of Service

APPENDIX B

RS-4e(2)

VR-4c(2)
(Rev. 2/78)

VIRGINIA DEPARTMENT OF VOCATIONAL REHABILITATION

SIMILAR BENEFIT RECORD

Case Number _____ Client Name _____

Caseload Number _____ Date _____

Program Identification Number	Service Program	Estimated Total Dollar Value of Similar Benefit (In Excess of $100)
666-261-001	MEDICAID	$ _____
666-261-002	MEDICARE	_____
666-261-003	CHAMPUS	_____
666-261-004	CHAMPVA	_____
666-261-005	STATE/LOCAL HOSPITALIZATION	_____
666-261-006	HILL BURTON FUNDS	_____
666-261-007	INSURANCE	_____
666-511-000	TITLE XX	_____
666-106-000	VETERAN'S ADMINISTRATION	_____
666-191-000	INDUSTRIAL COMMISSION/INSURANCE CARRIER	_____
666-701-000	WELFARE	_____
666-787-000	FEDERAL EDUCATIONAL GRANT	_____
666-270-000	STATE EDUCATIONAL ASSISTANCE PROGRAM	_____
666-700-000	NATIONAL ASSOCIATION FOR RETARDED CITIZENS	_____
666-601-000	LOCAL HEALTH DEPARTMENT (Including Mental Health Centers & Chapter 10)	_____
666-143-000	BUREAU OF CRIPPLED CHILDREN	_____
666-700-001	LOCAL MENTAL HEALTH CLINICS	_____
666-600-000	OTHERS (Doctors, Clubs, Unions, Associations, etc.)	_____
666-301-000	COMPREHENSIVE EMPLOYMENT TRAINING ACT	_____
666-811-000	MEDICAL INFORMATION FROM SSI, SSDI	_____
	TOTAL –	$ _____

(Instructions on Reverse Side)

Instructions:

(1) Complete this form in longhand and staple it to the back of the State Office copy of the VR-4e on all type closures when the estimated *total* dollar value of similar benefit exceeds $100 per service program.

(2) A similar benefit is defined as any service, including financial assistance, provided to meet any part of the cost of vocational rehabilitation services.

(3) Record the total estimated dollar value opposite the appropriate service program.

(4) If the actual costs are unknown, the counselor shall record the amount the similar benefit would have cost had VR paid for the service.

(5) Do not record any benefits provided to the client which were funded by DVR, the client or client's family.

(6) Do not record any benefits received when paid for by R&E and I&E Grants, VR/Mental Hospital Units, VR/School Units, VR/Welfare Projects nor Agency Evaluation Centers, WWRC, Inter-Agency Cooperative Service Contracts and Workshop/Facility Block Grants.

(7) The local office file copy of the VR-4e(2) is to be filed on the top left side of the case file upon closure.